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20792 7590 09/08/2006
MYERS BIGEL SIBLEY & SAJOVEC
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/601,035	06/20/2003	David L. Kaminsky	5577-262	8462
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TITLE OF INVENTION: METHODS, SYSTEMS AND COMPUTER PROGRAM PRODUCTS FOR RESOLVING PROBLEMS IN AN APPLICATION PROGRAM UTILIZING A SITUATIONAL REPRESENTATION OF COMPONENT STATUS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	12/08/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
DUNCAN, MARC M	2113	714-038000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

2. For printing on the patent front page, list

☒ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

1 Myers Bigel Sibley & Sajovec, P.A.

☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

2
3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

International Business Machines Corporation

Armonk, NY

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee

☒ Publication Fee (No small entity discount permitted)

☐ Advance Order - # of Copies

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☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 09-0461 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date September 18, 2006

Typed or printed name

Mitchell S. Bigel

Registration No. 29,614

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